

You couldn't hide the Louisiana Purchase. I haven't even gotten to all of them yet, but go ahead.

Mr. ROE of Tennessee. You can talk about one page, and you're talking about 18, 19, or 20 million people.

Mr. SHADEGG. There you go.

Mr. ROE of Tennessee. So what could you do very briefly and very simply?

Number one: Increase competition. You have to do away with State lines and allow competition to occur across State lines.

Mr. SHADEGG. Wait. Can I stop you right there?

Mr. ROE of Tennessee. Yes.

Mr. SHADEGG. I was the first guy to introduce a bill to allow cross-State-line purchase.

Mr. ROE of Tennessee. I know you were.

Mr. SHADEGG. You just used the number of 12 million. Two professors at the University of Minnesota, which is not exactly a conservative university, said, if you just enacted cross-State-line purchases, then that would enable 12 million additional Americans to afford health insurance with not one penny of cost to the American taxpayer.

Mr. ROE of Tennessee. Well, the three things we have mentioned right there would cover this bill.

Anyway, one, you've got State lines. Two, you've got association health plans, or groups, which would allow individuals or groups to form. Three, you've got the tax deduction allowing an individual to deduct it from his tax. Four, you've got tort reform. Five, which we've just mentioned, will allow adult-aged children to stay on their parents' plans.

These are five simple things you can do without having all of the special interest groups and everything else. Then guess what? One of the things would be to expand the health savings account. You would be putting individuals in charge of their health care and of their health care decisions. Who should make them? A health care decision should be made between a physician, the family, and the patient. That's who should be making the decisions—not insurance companies, not the government.

Mr. SHADEGG. I just want to reiterate what you said: A health care decision ought to be made by the patient, the family, and the physician.

Mr. ROE of Tennessee. That's absolutely right.

Mr. SHADEGG. Yet that's not how the system works today.

Mr. ROE of Tennessee. No.

Mr. SHADEGG. In the system today, your employer picks the plan, and the plan picks the doctor. You don't get to pick the plan, and you don't get to pick the doctor. If the plan or the doctor abuses you, you can't fire them.

Mr. ROE of Tennessee. You're stuck.

Mr. SHADEGG. Your idea is we should empower patients to be able to pick their plans and to be able to pick their doctors, which we could do by,

number one, letting those Americans who can afford it but who don't get employer-provided care buy health care without paying a tax penalty; number two, letting those who get money from their employers either take their employers' plans or pick their own plans. I guess that's why we call it "patient choice."

Instead of empowering patients, this bill that we're going to vote on of 2,000-and-some-odd pages, the Senate bill, which has these 11 special backroom deals in it—and I still haven't gotten to all of them. That bill says, no, we shouldn't make it the patient, his or her family, and the doctor. We shouldn't leave it as the employer is overruling you. We should make it that the government is controlling the system.

Mr. ROE of Tennessee. Yes.

I had a very successful medical practice, and I understood who I worked for—not the insurance company, not the hospital. I worked for the patient. We are losing that because we are putting insurance companies and we are putting the government in between those decisionmakers.

Mr. SHADEGG. It's a third-party pay system that exists right now. It does not work when your employer controls your health care plan. It will not work when the government controls your health care plan. It makes all the sense in the world to let people control their own health care plans. I've got a couple of myths and facts here I thought I'd conclude with.

The White House says that your insurance premiums will decrease if this bill is enacted. Interestingly, the CBO and the Joint Committee on Taxation say that the average premium per person covered for new nongroup policies would be about 10 percent to 13 percent higher in 2016 than the average premium for nongroup coverage in that same year under current law. So we're going to put the government in charge, and premiums will go up.

The President said that you could keep your coverage if you like it. Interestingly, in Baltimore, when he came and talked to us, he admitted that was no longer the case. In fact, here are the numbers: Between 8 and 9 million people who would be covered by an employment-based plan under current law would not have that offer of coverage if this bill passes.

I think this is a critically important debate. I think we can reform health care in America. I think we can find ideas on the other side of the aisle and on this side of the aisle. I think we can get to reform, but I don't think the way to do that is with a system that moves power away from you and me and gives it to the government.

I thank the gentleman for his assistance.

Mr. Speaker, I yield back the balance of my time.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 3650, HARMFUL ALGAL BLOOMS AND HYPOXIA RESEARCH AND CONTROL AMENDMENTS ACT OF 2010

Ms. SLAUGHTER, from the Committee on Rules, submitted a privileged report (Rept. No. 111-439) on the resolution (H. Res. 1168) providing for consideration of the bill (H.R. 3650) to establish a National Harmful Algal Bloom and Hypoxia Program, to develop and coordinate a comprehensive and integrated strategy to address harmful algal blooms and hypoxia, and to provide for the development and implementation of comprehensive regional action plans to reduce harmful algal blooms and hypoxia, which was referred to the House Calendar and ordered to be printed.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. YOUNG of Florida (at the request of Mr. BOEHNER) for today on account of illness caused by food poisoning.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. BRIGHT) to revise and extend their remarks and include extraneous material:)

Ms. WOOLSEY, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. BRIGHT, for 5 minutes, today.

(The following Members (at the request of Mrs. SCHMIDT) to revise and extend their remarks and include extraneous material:)

Mr. POE of Texas, for 5 minutes, March 18.

Mr. JONES, for 5 minutes, March 18.

Mr. WHITFIELD for 5 minutes, today.

Mr. MORAN of Kansas, for 5 minutes, March 18.

SENATE BILL REFERRED

A bill of the Senate of the following title was taken from the Speaker's table and, under the rule, referred as follows:

S. 1067. An act to support stabilization and lasting peace in northern Uganda and areas affected by the Lord's Resistance Army through development of a regional strategy to support multilateral efforts to successfully protect civilians and eliminate the threat posed by the Lord's resistance Army and to authorize funds for humanitarian relief and reconstruction, reconciliation and transitional justice, and for other purposes; to the Committee on Foreign Affairs.

ADJOURNMENT

Ms. SLAUGHTER. Mr. Speaker, I move that the House do now adjourn.